EXHIBIT D

	Collecti		nation State			100	FIAFA	
Name(s) and Address		Your So	cial Security Number or	Individual Ta	axpayer	IdentificationA	Pullaber 3 2014	
James D. Pieron Jr.								
Mt. Pleasant, MI 48858		Your Sp	ouse's Social Security N	Number of In	dividual	Taxo (RE) CIEN	TSVILLE, NV	
If address provided above is different than last return filed. please check here			Your Telephone Numbers Spouse's Te Home: 2400 Home:					
County of Residence			Work: Wor					
Isabellu			Cell: 2400 Cell:					
Enter the number of people in the h	ousehold who can be	claimed on this year	's tax return including yo	u and your sp	ouse. L	Inder 65 1	55 and Over	
If you or your spouse are self emp	loyed or have self emp	ployment income, p	rovide the following info	rmation:				
Name of Business	Busin	ess EIN	Type of Business	1	lumber o	of Employees (not counting owner	
A. ACCOUNTS / LINES OF Trusts, Individual Retirement Mutual Funds, Stocks, Bonds	t Accounts (IRAs), K	Keogh Plans, Sim	plified Employee Pen	sions, 401(k) Plan	s, Profit Shar	ing Plans,	
Name and A	ddress of Institution		Account Number		1410	urrent nce/Value B	Check if Business Account	
NC Bank			-7597	Checking		108		
A STATE OF THE STA								
				11112				
			72.0					
B. REAL ESTATE Include h	ome, vacation prop	erty, timeshares,	vacant land and othe	r real estate). (Use a	dditional sheets	if necessary.)	
Description/Location/County	Monthly Payment(s)		inancing	Current V	/alue	Balance Owed	Equity	
None		Year Purchased	Purchase Price					
		Year Refinanced	Refinance Amount					
Primary Residence Other		Tear (termenced	Remance Amount					
	,	Year Purchased	Purchase Price	-				
		Year Refinanced	Refinance Amount	-				
Primary Residence Other								
C. OTHER ASSETS Include and name of Life Insurance of (Use additional sheets if necessary)	company in Descript ary.)	ion. If applicable,	include business ass	sets such as	tools,	equipment, ii	nventory, etc.	
Description	Monthly Paym		Final Payment (mo/yr	-	-	Balance Ower	-	
Cur (VW) Vavitas Investments	0	2011	1	25,00	-	0	1,000	
Compique, Inc.	0	2010	1	250,00		0	250,000	
Jsed fitness equipment	0	2010	1	20,00		0	20,000	
rose micos equipment		2011	/	20,00	U	V	20,000	
			1	1	· cloter · · · · · · · · · · · · · · · · · · ·		-	
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Form 433-F (Rev. 1-2013) Catalog 62053J Department of the Treasury Internal Revenue Service

GOVERNMENT'S
EXHIBIT
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US v. PIERON

Туре	** ** ***	Credit	Limit	1	Balance Owed	Minimum	Monthly Payment
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				-		-	700
E. BUSINESS INFORMATION C					our business	. (Use additional	sheets if
Accounts Receivable owed to you						<u> </u>	
Name	or your ous	111000	Addres	7.0		1 4	mount Owed
one			Addies	,,			TIOOTIC OTTEG
Offic					-		
			iet total amo	numb number	rom additional	choofs	
		Total amount of acc					
2. Name of individual or business	OD 200011		ourits receiv	acie avalla	ole to pay to in	13 HOW	
A. INDITIO OF INDIVIDUAL OF DUSINESS	On accou	118					
Credit Card	1	Invite Desi	k Nome and	Address	-	Manh	Account Number
(Visa, Master Card, etc.)	-	Issuing Ban	wame and	Address		Merchan	nt Account Number
F. EMPLOYMENT INFORMATIO	N If you h	nave more than one em	ployer, incl	ude the in	formation on	another sheet of	of paper.
(If attaching a copy of current pay stul		ot need to complete this se	ection.)	4 4 .	F		
				-	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
our current Employer (name and address	ES)		Spouse's c	urrent Emp	loyer (name and	d address)	
our current Employer (name and address nstitutional Liquidity LLC	es)		Spouse's c	urrent Emp	loyer (name and	d address)	***************************************
nstitutional Liquidity LLC 777 Sparks Dr. Ste. 02	FS)		Spouse's c	urrent Emp	loyer (name and	d address)	
nstitutional Liquidity LLC	rs)		Spouse's c	urrent Emp	loyer (name and	d address)	
nstitutional Liquidity LLC 777 Sparks Dr. Ste. 02 Frand Rapids, MI 49546	55)					(address)	
nstitutional Liquidity LLC 1777 Sparks Dr. Ste. 02 Frand Rapids, MI 49546 ow often are you paid? (Check one)		[-]	How often	are you pa	id? (Check one)		T. Manushin
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